

Amendment

TOWNSEND and TOWNSEND and CREW
Steuart Street Tower
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San Francisco, CA 94105
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Atty. Docket No. 01-28X-008600US

Date February 7, 1996

I hereby certify that this is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner of Patents
Washington, D. C. 20231.

Date: 2/7/96

Eugenia Garrett-Wackowski
Eugenia Garrett-Wackowski

In re application of Lockhart, et al.

Serial No. 08/327,522

Filed October 21, 1994

Group Art Unit 1807

For SEQUENCING BY HYBRIDIZATION ON HIGH-DENSITY PROBE ARRAYS: ENZYMATIC DISCRIMINATION ENHANCEMENT
THE ASSISTANT COMMISSIONER OF PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ Enclosed is a petition to extend time to respond.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
TOTAL	• 16	MINUS	** 18	= 0	x11=	\$		x22=	\$ 0
INDEP.	• 2	MINUS	*** 3	= 0	x39=	\$		x78=	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+125=	\$		+250=	\$ 0
					TOTAL	\$	OR	TOTAL	\$ 0
					ADDIT. FEE				

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☐ Claims fee

☒ Any additional fees associated with this paper during the pendency of this application.

2 extra copies of this sheet are enclosed.

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